

BICYCLE NSW MEMBERS CYCLECOVER TRAVEL INSURANCE

**If you would like a quote please complete this form and:
Fax to 03 9889 9144 Email to cyclecover@cib.biz Or Phone 1300 733 055**

Name: **Membership Number:**
Address: **DOB:**
Are you retired? Yes/No **Phone:** **Email:**

DETAILS OF YOUR TRIP

Departure Date **Return Date**
Destinations

DETAILS OF ANY PRE-EXISTING ILLNESSES

DETAILS OF ALL TRAVELLERS

First Name	Surname	Date of Birth	Age
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>

YOUR INSURANCE HISTORY

Details of any claims past 5 years: